

PRIORITY MAIL EXPRESS®

FLAT RATE ENVELOPE

ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup,
scan the QR code.



USPS.COM/PICKUP



SEAL



PRESS FIRMLY TO SEAL



22314

\$28.75

R2304E107128-24

RDC 07



PRIORITY
MAIL
EXPRESS®

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (813) 816-2395

Couto, Yuri-Jacinto, Agent Wart Proj.
409302 N 28th St
Tampa, Florida [33612]

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE (

Albert V. Bryan U.S. Courthouse
Attn: Chief Judge Hon. Mark S. Davis
401 Courthouse Square
Alexandria, VA 22314

ZIP + 4® (U.S. ADDRESSES ONLY)

2 2 3 1 4 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PEEL FROM THIS CORNER

US MAIL SERVICE		PAYMENT BY ACCOUNT (if applicable)	
Federal Agency Acct. No. or Postal Service™ Acct. No.			
ORIGIN (POSTAL SERVICE USE ONLY)		SCHEDULED DELIVERY	
<input type="checkbox"/> 1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DPO 33612		<input type="checkbox"/> Scheduled Delivery Date (MM/DD/YY) 1/19/24	
		<input type="checkbox"/> Postage \$28.78	
<input type="checkbox"/> Date Accepted (MM/DD/YY) 1/18/24		<input type="checkbox"/> Scheduled Delivery Time <input type="checkbox"/> 6:00 PM	
		<input type="checkbox"/> Insurance Fee \$	
<input type="checkbox"/> Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> COD Fee \$	
<input type="checkbox"/> Special Handling/Fragile \$		<input type="checkbox"/> Return Receipt Fee \$	
<input type="checkbox"/> Weight lbs. oz.		<input type="checkbox"/> Live Animal Transportation Fee \$	
<input type="checkbox"/> Sunday/Holiday Premium Fee \$			
<input type="checkbox"/> Total Postage & Fees \$28.78			
<input type="checkbox"/> Acceptance Employee Initials [Signature]		<input type="checkbox"/> lbs. oz.	
DELIVERY (POSTAL SERVICE USE ONLY)			
<input type="checkbox"/> Delivery Attempt (MM/DD/YY) [Redacted]		<input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> Employee Signature	
<input type="checkbox"/> Delivery Attempt (MM/DD/YY) [Redacted]		<input type="checkbox"/> Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> Employee Signature	

LABEL 11-B, NOVEMBER 2023

PSN 7690-02-000-9996